David Ayling, RN

Address: 708 Palekaua St. Honolulu, HI 96816

## Adult Day Care Center (ADCC) Deficiency Report

Deficiency Report								
Date of Review: 6/19/2018		Date Corrective Action Plan is Due:	End Date: 6/19/18					
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings					
ок	3	Application for Certificate of Approval						
ок	11	Administration						
ОК	12	Personnel and Staffing						
OK	13	Admissions						
ОК	14	Participant Fees						
ОК	15	Transportation						
ок	16	Services for Center Participants						
ок	17	Physical Location						
ОК	18	Fire Protection						
ок	19	Other Disasters and Evacuations						
The CTA Compliance Manager has reviewed the above items with mo and has provided mo with a count this face.								

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

If this box is checked then I understand that I met all requirements and no corrective action is required								
PRINT NAME:	UNISAI HOAPIN							
SIGNATURE:	Okiptal Maple,	ADCC Da	ate: 00/19	1201B				
Compliance Manger Signature_	Darg A Agl	ing Mi Da	ate: 6/19/	18				
	1		1111					